U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only	₹,			
ning t	READ THE INSTRUCTIONS CAREF	ULLY BEFORE PREPARING THIS REPORT.	JS Rec'd Sy	
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Lamb 19			MS DROP	
1. File Number U - Color		2. Fiscal Year Covered From:	62	
		01 / 01 / 2004 Throu	gh: 12 / 31 / 2004	
3. Name and address of person filing.		4. Name, file number, and address of labor organization.		
Name Stephen L Miller		Name IBEW Local Union 1579		
		Labor Organization File Number	36724	
P.O. Box, Bldg., Room No., if any		P.O. Box, Building and Room Number, if any		
Street 4784 Clark Drive		Street 1250 Reynolds Street		
City Evans	tas e anno a maran manan e manan manan meneranya matan e manan manan manan anno anno anno anno a	City Augusta		
State Georgia	ZIP Code +4 30809	State Georgia	ZIP Code + 4 30901.	
5. Position in labor organizati	<sup>on.</sup> Union Trustee - Assi	stant Business Manager		
	From the control of t	and the state was a common contraction of the contr	er i ti titoti te eti ti i ti	
Enter appropriate data be	elow If, during the past fiscal year, you or your sp (except as specified in the exc	ouse or minor child directly or indirectly had an lusions set forth in the instructions):	y of the following interests	
A. Held an interest in, engamonetary value from an e	aged in transactions (including loans) with, o mployer whose employees your organiza	r derived income or other economic benefit	of present	
Provided to the book of the control	loyer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Incom		
Name	and a commenciation of the state of the stat			
Trade Name, if any:		N/A		
P.O. Box, Bldg., Room No., if any				
	and the second second second in the second s	7.b. Amount.		
Street	ante art van Antonia de et en 1900 de et 1900 de et 1900 de en 190 Disse de la ciencia en 1900 de en			
City			15 200 mentende Artistat de Grande au de activitat de Grande au de activitat de Carlos de Artistat de Grande a	
State	ZIP Code + 4	S. Constanting of the Constantin		
	Sig	nature		
submitted in this report (inc	tion. The undersigned declares, under penalty of luding the information contained in any accompar and belief, true, correct, and completer (See the s	rying documents), has been examined by the sig	w, that all of the information natory and is, to the best of the	
Signed		grave describbility conference completely to the property of the conference of		
	J. //// /e//	On 8/5/05 706/863	-3688	

Name of Person Filing Stephen L. Miller	File	Number U-	
B. Held an interest in or derived income or economic benefit with monetary of substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actually any part of which consists of buying from or selling or leasing directly or it dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business tively seeking to represent, or ndirectly to, or otherwise		
Name and address of Business (including trade name, if any).	Business deals with:		
Name	MAN-record		
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any	XX b. Trust		
Street	c. Employer		
City			
State  St			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name IBEW LU 1579 Pension Fund	**************************************		
Trade Name, if any:	The distribution of the di		
RXXXXXXX, Bldg., Room No., if any Bldg.9, Suite 106	The state of the s		380914 50-36, 430-30
Street 2187 Northlake Parkway	11.b. Approximate dollar value of such	ch dealing.	i
City Tucker,	12.a. Nature of interest held or income received.		
State Georgia ZIP Code + 4 30084	Andrea		
			Table of the second of the sec
	Andrew Services		
·	12 h Amount		
	12.b. Amount.	The state of the s	<u></u>
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		*****
Name	N/A		200 CONTRACTOR CONTRAC
Trade Name, if any:			umulmanarespanojo.
P.O. Box, Bldg., Room No., if any			4 DHAP A HARDAGE
Street	v.		A CR RESPONDENCE OF THE
City			Andreas de la contraction de l
State    State		т де се трансти бала при пред пред пред пред пред пред пред пред	Section of the sectio
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		